

INFORMATION ON SUBMITTING FFCRA TIME OFF REQUESTS- SITUATION 1,2, OR 3

FFCRA provides emergency paid leave under the Family and Medical Leave Act (FMLA) and emergency paid leave. FFCRA addresses six specific situations:

- 1) The employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 2) The employee has been advised by a health care provider to self-quarantine because of COVID-19.
- 3) The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.

- 4) The employee is caring for an individual subject or advised to quarantine or isolation.
- 5) The employee is caring for a son or daughter whose school or place of care is closed, or childcare provider is unavailable, due to COVID-19 precautions.
- 6) The employee is experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Emergency Paid Sick Leave Self-situation 1,2,or 3:

I am sick with COVID; have been required to isolate by my work/dr due to COVID; or I have symptoms that are COVID related and am seeking drs advice.

■ 2 weeks/ 80 hours
■ Paid at regular rate
■ Max paid \$511 per day

Emergency Paid Sick Leave Family- situation 4 or 6

I am caring for an individual who is required to self-isolate.

■ 2 weeks/ 80 hours
■ Paid out as 2/3 of regular rate
■ Max paid \$200 per day
■ Can supplement remaining 1/3 with available accruals

**Combination
of Emergency
Paid Sick Leave
(Self and/or Family)
with a cap of 80 hours**

If you are selecting to self-isolate, none of the situations are applicable to you.

SUBMITTING EMERGENCY PAID SICK LEAVE-SELF (situation 1, 2, or 3)

Step 1: Open Absence icon



Absence

Select "Request Absence"

Request Absence

Step 2: Select which day (s) you are wanting to use the leave for (must be after April 1 and before Dec 31, 2020).

Calendar view for April 2020. The calendar shows days from Sunday to Saturday. The date 30 is highlighted in blue, indicating the selected date for the absence request.

3 Days - Request Absence

Step 3: Select Absence Type

Type *

Emergency Paid Sick Time Off (Self)

Next

Step 4: Verify dates and total hours requested

Request 1 Item

From	To	Type	Quantity per Day	Total	
04/14/2020	04/16/2020	Emergency Paid Sick Time Off (Self)	Variable Quantity	25 hours	Edit Quantity per Day

Step 5: Select reason that is applicable to you.

Reason *

- ☐ 1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19
- ☐ 2. has been advised by a health care provider to self-quarantine related to COVID-19
- ☐ 3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis

Step 6: Click on "Submit"

Submit

This will now route to your supervisor for approval.

SUBMITTING EMERGENCY PAID SICK LEAVE-FAMILY CARE (situation 4, 5, or 6)

Step 1: Open Absence icon

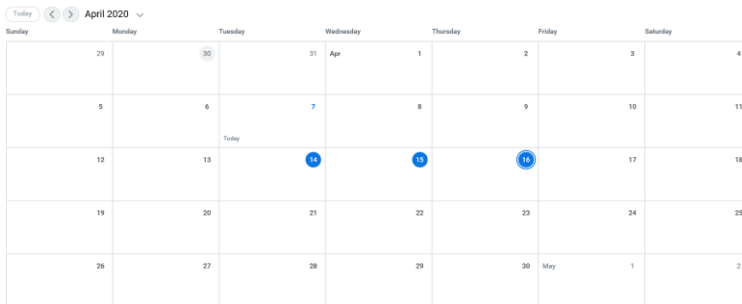


Absence

Select "Request Absense"

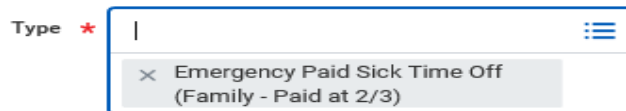
Request Absence

Step 2: Select which day (s) you are wanting to use the leave for (must be after April 1 and before Dec 31, 2020).



3 Days - Request Absence

Step 3: Select Absence Type

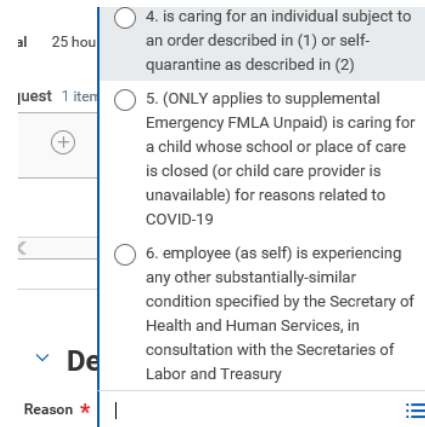


Next

Step 4: Verify dates and total hours requested

Request 1 item	*From	*To	*Type	Quantity per Day	Total	
	04/21/2020	04/23/2020	X Emergency Paid Sick Time Off (Family - Paid at 2/3)	Variable Quantity	25 hours	Edit Quantity per Day

Step 5: Select reason that is applicable to you.



Step 6: Click on "Submit"

Submit

This will now route to your supervisor for approval.

If you wish to supplement your remaining 1/3rd time, please continue the job aid.

Step 7: Repeat Steps 1 & 2

Step 8: Select Absence Type- go to "Time Offs Specific to COVID-19/FFCRA"

Another menu will open, select from the following:

- Sick Emergency Supplemental Time Off
- Vacation Emergency Supplemental Time Off
- Compensatory Emergency Supplemental Time Off
- Sick COVID-19 (Advance) Supplemental Time Off

Select your option from above and then select "Next"

Step 13: Open "Edit Quantity per Day"

Enter in hours scheduled per each day. NOTE- this will produce an error. Open the error and adjust hours as guided.

Edit Quantity per Day

Date	Quantity per Day	Comments
Mon, Apr 27, 2020	9	
Tue, Apr 28, 2020	9	
Wed, Apr 29, 2020	9	

Errors and Alerts Found

Error - Quantity per Day

For 04/27/2020, the Daily Quantity cannot be more than 4.48 Hours.

Error - Quantity per Day

For 04/27/2020, the Daily Quantity cannot be more than 4.48 Hours.

Error - Quantity per Day

For 04/27/2020, the Daily Quantity cannot be more than 4.48 Hours.

Error - Quantity per Day

For 04/27/2020, the Daily Quantity cannot be more than 4.48 Hours.

This process may need to be repeated. This is dependent on your schedule.

Follow the error's guidance until complete.

Select "Done" once all errors are gone.



Step 14: Select "Submit"

